

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRPT Lake Rehabilitation Center
 5414 Brittany Drive, Ste. G
 Baton Rouge, LA 70808

2. Dec 7/17-1D

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7004 1350 0002 9317 5045

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jodee Baluc

 Agent Addressee

B. Received by (Printed Name)

AUG 21 2006

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input checked="" type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-154